

Application Data Sheet

Application Information

| | |
|---------------------------------------|----------------------------|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | UTILITY CONNECTION STATION |
| Attorney Docket Number:: | 048675-0111 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 8 |
| Small Entity?:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Application:: | No |

Applicant Information

| | |
|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Kristine E. |
| Family Name:: | Lichtscheidl |
| City of Residence:: | St. Francis |

State or Province of Minnesota
Residence::
Country of Residence:: US
Street of mailing address:: 23843 Germanium Street NW
City of mailing address:: St. Francis
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark A.
Family Name:: Schaffner
City of Residence:: Maple Grove
State or Province of Minnesota

Residence::
Country of Residence:: US
Street of mailing address:: 7215 Weston Lane N
City of mailing address:: Maple Grove
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas E.

Family Name:: Kramer
City of Residence:: Coon Rapids
State or Province of Minnesota
Residence::
Country of Residence:: US
Street of mailing address:: 13228 Bittersweet Street NW
City of mailing address:: Coon Rapids
State or Province of mailing MN
address::
Postal or Zip Code of mailing 55448
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Fusu
Family Name:: Thao
City of Residence:: St. Paul
State or Province of Minnesota
Residence::
Country of Residence:: US
Street of mailing address:: 1046 Farrington Street
City of mailing address:: St. Paul
State or Province of mailing MN
address::
Postal or Zip Code of mailing 55117
address::

Correspondence Information

Correspondence Customer Number:: 26371

E-Mail address:: PTOMailMilwaukee@Foley.com

Representative Information

| | | |
|---|-------|--|
| Representative Customer Number:: | 26371 | |
|---|-------|--|

Domestic Priority Information

| | | | |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| | | | |

Foreign Priority Information

| | | | |
|------------------|-----------------------------|----------------------|---------------------------|
| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
| | | | |

Assignee Information

Assignee name:: Fiskars Brands, Inc.